

DOCKET NO. CM03553J

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/895,506
Filing Date	June 29, 2001
First Named Inventor	Charles B. Swope
Group Art Unit	2111
Examiner Name	Mason, Donna K.
Attorney Docket Number	CM03553J

RECEIVED

SEP 27 2004

Technology Center 2100

ENCLOSURES

(check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/Declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Documents☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
Under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-Related papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation,
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CDs _____☐ After Allowance Communication to a
Technology Center (TC)☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter with appropriate copies☐ Other Enclosure(s) (please identify below)

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Barbara R. Dautre	Registration No.	39,505
Signature			
Date	9/20/04		

CERTIFICATE OF MAILING/TRANSMISSION

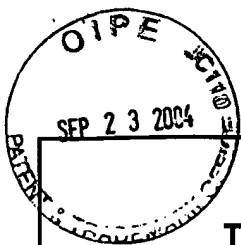
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Amendment Commissioner for Patents, Alexandria, VA 22313 on the date listed below:

Typed or printed name Maria E. Rodriguez

Signature

Date

9/20/04



FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
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TOTAL AMOUNT OF PAYMENT		SEP 27 2004 Technology Center 2100	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, except for issue fee <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr><tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr><tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr><tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr><tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr><tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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SUBMITTED BY Name (Print/Type) Barbara R. Doutre Signature _____		Complete (if applicable) Registration No. 39,505 Telephone 954-723-6449 Date 9/20/04																																																																																																																																																											